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AUTHOR Best, Harold F.
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ABSTRACT

Using Callis's (1965) Missouri Diagnostic Classification Plan, the author investigated whether or not counseling centers serving similar populations generate different patterns of diagnoses. One Hundred and forty case folders of students seen at a university mental health clinic were reviewed and classified and then compared with the diagnostic patterns of student problems seen at the University Testing and Counseling Service as reported by Callis. The 2-dimensions of the scheme are described: (1) problem-goal, which includes the vocational, emotional and educational categories; and (2) cause, which includes lack of information about or understanding of self and/or environment, as well as conflict within self or with others. Major differences are reported between the 2 agencies' patterns of diagnostic classifications. In general, the Mental Health Clinic works almost exclusively with emotional problems, while the other deals primarily with vocational and educational problems. (TL)

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A COMPARISON BETWEEN DIAGNOSTIC PATTERNS OF STUDENT PROBLEMS
SEEN AT THE MENTAL HEALTH CLINIC AND THE TESTING AND
COUNSELING SERVICE OF THE UNIVERSITY OF
MISSOURI-COLUMBIA

SUBMITTED
BY
HAROLD F. BEST
EPDA INSTITUTE
UNIVERSITY OF MISSOURI
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The recent emphasis on diagnosis in counseling has focused on classification systems for client problems. Efforts to construct classification systems which are applicable to the universe of client problems, which inherently distinguish among client problems, and which classify into mutually exclusive, discrete cells, have been moderately successful (Bordin, 1946; Pepinsky, 1948; Berezin, 1957; Apostol and Miller, 1959; Callis, 1965). In his 1965 article, Callis proposed a diagnostic classification scheme and suggested some functional uses of diagnostic classification systems as research tools. He suggests that analyses of patterns of diagnoses within classification systems can be used to identify the nature of an agency's case load, to determine the amount of time devoted to different types of cases, and to determine whether or not counseling centers serving similar populations generate different patterns of diagnoses (Callis, 1965). In addition, this type of analysis of diagnostic patterns has implications for staffing, training, and budgetary needs of an agency.

The Missouri Diagnostic Classification Plan

The diagnostic classification scheme devised by Callis

is a two-dimension scheme in which (1) problem-goal and (2) cause is indicated. It is this diagnostic classification system which was used in the present study.

Problem-Goal Dimension

The three categories of the problem-goal dimension are (1) vocational, (2) emotional, and (3) educational. The problem-goal dimension refers to the developed problem and not necessarily to the presented one. The definition of the categories of this dimension, given by Callis (1965), are as follows:

Vocational (VOC)--Career choice and planning, choice of college major and similar educational planning which would ultimately implement or lead to a career plan.

Emotional (EM)--Personal and social adjustment problems which have a primary affective component. Problems of adjustment to current situations involving emotions, attitudes and feelings.

Educational (ED)--Lack of effective study skills and habits, poor reading ability or lack of information about institutional policies and regulations. Primarily concerned with adjustment to current academic situations rather than planning for the future.

Cause Dimension

Categories in this dimension refer to the probable cause of the developed problem and attempt to answer the question, "Why is the client unable to solve his problem

within his own personal resources?" (Callis, 1965). The definitions of these categories are as follows:

Lack of information about or understanding of self (LIS)--The emphasis here is on relatively uncomplicated lack of information. The client simply does not know enough about himself particularly in relation to certain groups. For example, the client may ask, "Am I bright enough to successfully complete the law curriculum?" He may be sufficiently well versed regarding his intellectual ability in relation to his current educational peers but needs additional understanding of himself with respect to some possible future peer group.

Lack of information about or understanding of the environment (LIE)--This category is similar to LIS above except it refers to the environment rather than self. Occupational and educational stereotypes as well as simple lack of information are included here. LIE may result from lack of experiences, gaps in training, or exposure to incomplete or biased propaganda. Caution must be used in employing this category because of its high social respectability as a reason for inability to solve a problem. A client who persistently distorts the available information about the environment because of strong status needs should not be diagnosed LIE but probably would be diagnosed LIS or CS.

Motivational conflict within self (CS)--Conflicting and competing motivations within self and contradictory attitudes toward self predominate in this category. The counselor may employ the notion of unconscious motivation here if that construct is a part of his theory of behavior. Such descriptive terms as intrapunative, self-depreciation, anxiety, and depression may suggest this category. The counselor can often infer a considerable gap between the client's perceived self and his ideal self.

Conflict with significant others (CO)--At a sufficiently abstract level it can be successfully argued that conflict with significant others is just a special case of motivational conflict within self. However, on an operational level it seems to be useful to distinguish between CS and CO. Conflict with parents and other authority figures, with roommates, girl friends, or boy friends are common in this category. In addi-

tion to the above, conflicts with new sub-cultural groups are included here. Movement from one geographic region to another or from one socioeconomic level to another may produce CO.

Lack of skill (LS)--Clients who lack the necessary skills to meet the demands of their particular situation whether it be educational, social or vocational, are to be diagnosed LS. Poor reading ability, poor study habits, poor social skills and lack of skill in interviewing a prospective employer are typical of clients diagnosed LS. Problems which are primarily motivational in nature are not to be classified as LS (Callis, 1965).

This investigation seeks to answer the question of whether or not counseling centers serving similar populations generate different patterns of diagnoses, specifically, "Are there differences in patterns of diagnostic classifications, using the Missouri Diagnostic Classification Plan, between the client case load seen at the Mental Health Clinic and that seen at the University Testing and Counseling Service?"

Method

One hundred-forty case folders of students seen at the Mental Health Clinic of the Student Health Service of the University of Missouri-Columbia were reviewed and classified according to the Missouri Diagnostic Classification Plan. All "closed" case files from the academic year 1969-70 were

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used in the study; the criterion for inclusion into the study was that the file folder reflect at least three visits by the student to the Mental Health Clinic. Case files which were "carried over" from the 1969-70 school year and are still current were not utilized in the study.

Based on research findings by Berezin (1957) that high interjudge agreement could be reached in classifying counseling cases using the Missouri Plan, independent judges were not used.

A comparison was made between the diagnostic patterns of students seen at the Mental Health Clinic and the diagnostic patterns of student problems seen at the University Testing and Counseling Service, as reported by Callis (1965).

Results

Table 1 reflects the distribution of case load by diagnostic classification at the Mental Health Clinic.

Insert Table 1 about here

Table 2 is the distribution of case load for the academic years 1959-63 of the University Testing and Counseling Service, as reported by Callis (1965).

Insert Table 2 about here

Tables 3 and 4 reflect the number of cases and mean number of interviews per case for the several diagnostic categories reported by the Mental Health Clinic and the University Testing and Counseling Service, respectively.

Insert Table 3 about here

Insert Table 4 about here

Additional information recorded during classification of the Mental Health Clinic cases indicated that, in addition to regular services, 19.2% of the students seen were treated with drugs; 23.5% were referred for additional medical services (either to the Student Health Service or to private physicians); 13.5% were hospitalized at the Student Health Service.

Discussion

An inspection of Table 1 reveals that the case load of the Mental Health Clinic is almost entirely made up of emo-

tional (EM) problems (97.8%); the causal factor most often associated with these emotional problems is conflict with self (CS), a category which accounts for 70.0% of the total emotional problems. Conflict with significant others (CO) is a causal factor associated 22.8% of the time with emotional problems of the students seen. Together, the diagnoses emotional-conflict with self (EM-CS) and emotional-conflict with others (EM-CO) account for more than 92% of the total cases studied.

Contrasted with the diagnostic classifications reported at the University Testing and Counseling Service (Table 2), where emotional problems at no time in the years studied exceeded 20% of the case load, it appears that the Mental Health Clinic case load differs greatly from that of the University Testing and Counseling Service. Almost half of the University Testing and Counseling case load is accounted for by one diagnostic code VOC-LIS (vocational lack of information about self); seventy per cent of the selected Mental Health Clinic cases is accounted for by the diagnostic code EM-CS (emotional-conflict with self). In light of the stability reported by Callis of the diagnostic patterns generated by the University Testing and Counseling Service, there

is no reason to suspect that the present patterns of case load emphasis of the University Testing and Counseling Service, nor the Mental Health Clinic, will shift (Callis, 1965).

It should be pointed out, however, that the criterion for inclusion into the Mental Health Clinic "sample" was that the student file reflect at least three interviews. If the mean number of interviews for vocational (VOC) and educational (ED) problems of students seen at the Mental Health Clinic is less than three interviews, as was the norm reported by Callis for the University Testing and Counseling Service (Table 3), then the selection procedure used in the present research may have operated to systematically exclude VOC and ED problems from the Mental Health Clinic "sample."

The mean number of interviews of the selected cases from the Mental Health Clinic, classified emotional-conflict with self (EM-CS) was 8.04 (Table 3). Cases diagnosed and classified EM-CS had, on the average, a greater number of interviews than those designated emotional-conflict with others (EM-CO); the average total number of interviews for all emotional (EM) cases was 6.53.

The mean number of interviews at the Testing and Counseling Service of cases designated EM-CS was also higher

than those designated EM-CO, 4.49 and 3.29 respectively (Table 4). The average total number of interviews for all emotional (EM) cases was also higher than cases classified vocational (VOC) or educational (ED); 4.06 for EM cases, 2.03 and 2.10 for all VOC and ED cases respectively.

From this it might be inferred that cases classified as emotional (EM) require more therapeutic time of each agency than those classified either vocational (VOC) or educational (ED), and that cases classified emotional-conflict with self (EM-CS) require the greatest number of interviews of all classifications.

A direct comparison of the mean number of interviews per case between the selected Mental Health Clinic cases (Table 3) and that of the University Testing and Counseling Service (Table 4) is not warranted since the criterion for inclusion into the Mental Health Clinic "sample" was a minimum of three interviews, a criterion which affects the mean number of interviews in the Mental Health Clinic data.

The major differences in the two agencies' patterns of diagnostic classifications are (1) the Mental Health Clinic works almost exclusively with problems of an emotional nature, and sees very few student problems of a vocational or educational nature, and (2) the University Testing and Coun-

selling Service's student case load is made up primarily of vocational and educational problems, and a relatively low percentage of emotional problems.

The additional data collected at the Mental Health Clinic, e.g., that 13.5% of students included in the study were hospitalized, etc., serve only to suggest the severity of emotional problems of students who sought out the services of the Mental Health Clinic. Further research into the severity of the emotional problems seen at university counseling centers and student mental health clinics seems warranted.

Table 1

Distribution of Case Load by Diagnostic Classification,
University of Missouri Mental Health Clinic,
1969-1970

Problem-Goal Dimension	Cause Dimension					Total
	LIS	LIE	CS	CO	LS	
VOC				.8%		.8%
EM	2.8%	.8%	70.0%	22.8%	1.4%	97.8%
ED	--	--	--	--	--	--
Total	2.8%	.8%	70.0%	23.6%	1.4%	98.6*

*Totals do not equal 100% because two cases were classified "no problem."

Table 2

Distribution of Case Load by Diagnostic Classification,
University of Missouri Testing and Counseling Service,
1959-1963

Problem-Goal Dimension	Cause Dimension					Total	Year
	LIS	LIE	CS	CO	LS		
VOC	49%	9%	4%	1%	1%	64%	(a)
	48	8	5	1	1	63	(b)
	45	9	4	2	1	61	(c)
	45	12	4	1	<1	63	(d)
EM	3%	<1%	9%	4%	<1%	16%	(a)
	3	<1	7	3	<1	14	(b)
	2	<1	10	3	<1	16	(c)
	3	<1	12	3	<1	19	(d)
ED	10%	4%	1%	<1%	5%	20%	(a)
	10	6	2	<1	5	23	(b)
	6	7	2	<1	8	23	(c)
	7	4	2	<1	4	18	(d)
Total	62%	13%	14%	5%	6%	100%	(a)
	61	14	14	5	6	100	(b)
	53	17	16	5	9	100	(c)
	55	17	18	5	5	100	(d)

Year: (a) 1959-60, 790 cases
(b) 1960-61, 1001 cases
(c) 1961-62, 1538 cases
(d) 1962-63, 1574 cases

Note.--Reprinted from an article by Robert Callis published in the Journal of Counseling Psychology, 1965. Copyrighted by the American Psychological Association, Inc., 1965.